



**This permit is valid for SR9, MP 97.19 to MP 96.85. Must have routing and axle spacing report attached to permit for permit to be valid.**

Company Name			DOT #	Contact Person
Street Address			Phone (With Area Code)	Fax (With Area Code)
City	State	Zip Code	E-mail Address	

Type of Permit Requested (Check One): <input type="checkbox"/> New Application <input type="checkbox"/> Renewal	
Type of Vehicle <input type="checkbox"/> A-Train <input type="checkbox"/> Dump & Pup (8 axles) <input type="checkbox"/> B-Train <input type="checkbox"/> Dump & Pup (7 axles) <input type="checkbox"/> C-Train <input type="checkbox"/> Tractor Semi	
<b>Permit Valid for One Year. Start Date:</b> _____	

**Vehicle Information**

License Number		Complete VIN Number		Unit #
Truck (# of Axles)	Tractor (# of Axles)	Trailer (# of Axles)	Power Unit Make	Power Unit Year
Licensed State	WA Licensed Weight ( <b>Must be Licensed for WA</b> )		Report No. (Renewal: Supply Report No.)	

**Signature / Charge Card Information**

Credit Card Type <input type="radio"/> Visa <input type="radio"/> Mastercard	Bankcard #	Expiration Date
Print Name as it Appears on Credit Card	Signature	Date

**Motor Carrier Services  
921 Lakeridge Way SW  
PO Box 47367, Olympia, WA 98504-7367  
Phone: 360-704-6340 / Fax: 360-704-6350**

<b>MCS Office Use Only</b>
Date
Permit No.
Permit Fee